

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-017488

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 312

Primary Registration District No. 541

Registrar's No. 1326

FILED MAY 8 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clayton

Length of stay in 1b

D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)

St. Louis County Hosp.

Inside Limits

Yes ☒ No ☐

d. CITY

OR TOWN

Bridgeton Terrace

d. STREET ADDRESS

46 St. Theresa Lane

Inside Limits

Yes ☒ No ☐

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Frank

Middle J.

Last Deskocil

4. DATE OF DEATH

Month April Day 28, Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

1/2/1909

9. AGE (last birthday)

53

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10b. KIND OF BUSINESS OR INDUSTRY

Liquor

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Deskocil

13b. MOTHER'S MAIDEN NAME

Aleisia ~~Norathy~~ Dolezal

14. NAME OF HUSBAND OR WIFE

Esther I. Deskocil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Esther I. Deskocil 46 St. Theresa

Address

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED, BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis Acute

INTERVAL BETWEEN ONSET AND DEATH

1 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1958 to 1962 and last saw him alive on April 27 1962. Death occurred at April 28 1962 3 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul Vattera MD

22b. ADDRESS

10300 St Charles Rd

22c. DATE SIGNED

April 30 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/3/62

23c. NAME OF CEMETERY OR CREMATORY

St. Mary Cemetery

23d. LOCATION (City, town, or county)

Bridgeton, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Collier Mortuary, St. Ann, Mo.

25. DATE RECD. BY LOCAL REG.

4-30-62

26. REGISTRAR'S SIGNATURE

John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

14002
2 4018

3

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 92-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address St. Ann, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.